

Plan For The Transition To A Regional System Of Care and Services – Southeast Indiana Region

April, 2001



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Project Plan

The Southeast Regional Service Center project will be organized through a series of work groups. The project is a process to build on the Regional Services Concept as described by the Council on State-Operated Care Facilities in its November 2000 report. This process will include the configuration of the Regional Service Center, building community capacity, and quality assurance. The primary goal is to reorganize services for the benefit of Indiana's consumers with developmental disabilities or mental illness, while also recognizing the need to coordinate and spur economic development.

The regional services concept includes some broad concepts, principles and recommendations, but allows for regional variations and the development of details dependent on local needs and strengths. It includes three ideas: A regional council, a regional service system, and a regional service center.

The regional council will be the system developed to provide assistance in identifying needs and coordinating services, and is envisioned to be based on the step ahead councils as augmented with experts and stakeholders. This process will evaluate whether the augmented step ahead councils can respond effectively to issues around adults with disabilities.

The regional service system is the total set of services available in the region. For persons with mental illness, this is based on the Division of Mental Health's managed care providers and community mental health centers. For persons with developmental disabilities, this is built around the residential and vocational / habilitation providers and waiver case managers, and field services offices. At the center of the regional service system is the regional service center. The bulk of the services in the regional service system are community based, extremely individualized, and occur in very small settings.

The regional service center is the totality of centralized services in the region, including those services for low incidence high impact needs that until recently have required institutionalization. The regional service center is probably organized under a single administrative structure, and possibly under a single governing board. It probably includes all FSSA operated direct services within the region, but may include contract services. It may be on a single campus, but probably will include more than one location and may include "scattered site" services.

Project Management Team

Under the leadership of Richard DeLiberty and Dan Mohnke, the project management team will report to Secretary Katie Humphreys through Assistant Secretary Venita Moore.

The project Management Team will consist of senior management staff from the Family and Social Services Administration. This team will provide policy direction to the project.

Regional Project Team

A larger regional project team is an expanded version of the project management team, which will include legislators, stakeholders from the unions and outside of state government, and the chair of each of the nine work groups.

The work groups are as follows:

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Work Group	Chair	Co - Chair
Regional Service Center Configuration	Dale Marion	Nikki Morrell
DD Capacity Building	Dan Mohnke	Steve Cook
Mental Illness Transition	Tom Rich	Mike Sgroi
Worker Support	Dan McKeon	
Community Regional Planning	Cliff McCullough	
Muscatatuck Property	Lisa Hayes	Kent Farr
QA and Research	Richard DeLiberty	Chris Newman
Communications	Andrew Stoner	Susan Preble
Finance	Karen Kinder	

Southeast Regional Service Center Configuration

Work with advocates to shape the organization and services at the first of the regional service centers as conceptualized by the Council on State-Operated Care Facilities. Ensure the safety and quality care of individuals served at Madison during the transition.

DD Capacity Building

Ensure that persons with developmental disabilities currently living at MSDC and MSH are successfully transitioned into an appropriate alternative living arrangements utilizing the person centered planning process. Ensure that the planning process includes a focus on the most inclusive environment, individual choice, community integration, and consumer and family involvement throughout the process. To ensure collaboration among consumers, institutions and community service providers which will result in a timely transition for each individual. Work to develop service options and providers. Work with regional planning system to identify and fill gaps in service.

Mental Illness Transition

Ensure that each resident of Madison State Hospital is linked to a community provider, has a recent evaluation, and has plans for community reintegration developed. Ensure that people move from the hospital to quality services, and do so in a timely manner. Work with regional planning system to identify and fill gaps in service.

Worker Support

Ensure that employees of both facilities are provided maximum communication, support, and assistance in securing employment, benefits, and training opportunities throughout the transitional process.

Community Regional Planning

Develop a process whereby step ahead councils in Southeastern Indiana are augmented and developed to aid in the planning for the service delivery system.

Muscatatuck Property

Work with facility staff, local governmental officials, community residents, IDOA, DNR and other interested parties to insure the safety of the residents during the remainder of their stay at MSDC. To coordinate the orderly and legal disposition of the physical plant, public works plants, equipment, furnishings, vehicles, medical records and all other facility documents and property, with the transition of residents and employees.

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Quality Assurance and Research

Assure that quality assurance mechanisms are in place in the facilities and in community based settings to ensure on-going, continual improvement. Ensure that all individuals currently in either MSH or MSDC are tracked to ensure the highest quality care and services are being provided. Ensure that the process of developing the Southeast Regional Service Center includes the inclusion of and examination by the academic research community. Monitor the process of developing a regional service center, developing reports and information on the overall progress.

Communications

Ensure the free flow of information from the work groups to the variety of audiences and stakeholders. This includes the publication of periodic updates for staff, families, and providers.

Finance

Ensure the availability of flexible funds that follow individuals from institutional to community care, and from institutions to regional service centers, as necessary. These funds must support the planning and organizing process, research and quality assurance activities, and the direct provision of services. Additionally, the committee will examine the potential for flexible but simplified payment and contracting systems.

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Southeast Regional Service Center Configuration

Mission

To work with stakeholders to identify potential service needs in the new southeastern regional service center. Included will be assessment of current services, potential services to consider, resources available, and physical plant capacity. This work group has the additional responsibility to ensure the safety of and quality care to individuals served at Madison during the transition.

Membership

Stakeholders including MSH patients/MSDC clients and/or advocates, MSH/MSDC staff, CMHC and DD provider leaders from southeastern Indiana, DMH staff, DDARS staff., and unions.

Products / Expectations

- Assessment of strengths of existing services, including staff competencies
- Inventory of existing physical plants with prioritization of best buildings and capacities
- Using data and trends to determine the most likely services desired in the new center
- Develop staffing projections for selected services
- Provide updates and summary of recommendations to project management team

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DD Capacity Building

Mission

To ensure that persons with developmental disabilities currently living at MSDC and MSH are successfully transitioned into an appropriate alternative living arrangements utilizing the person centered planning process. To ensure that the planning process includes a focus on the most inclusive environment, individual choice, community integration and consumer and family involvement throughout the process. To ensure collaboration among consumers, institutions and community service providers which will result in a timely transition for each individual. Work to increase service options and providers through the identification of service gaps and barriers.

Membership

BDDS Director; MSDC Staff; MSH Staff; Advocacy Group Leader(s); BDDS Field Office Staff; Provider Representation; DDARS Fiscal Staff; Transition Consultants; IPA Representation; DMH Representation; Family Member Representation; OMPP Staff; IIDC Staff; Union Representation; Governor's Planning Council Staff.

Products/Expectations

- Ensure the health, safety and security of persons living at MSDC throughout the transition.
- Utilize an array of service options, including ICF/MR programs, HCBS services, HHA to address individual preferences and assure needed supports are in place for each individual transitioning from MSDC and MSH to an appropriate alternative living arrangement.
- Closure of the existing MSDC program by December 2003.
- Decrease the population of persons with developmental disabilities at MSDC and MSH through appropriate community placements.
- Manage the MSDC transition and closure in a fiscally responsible manner consistent with approved budget targets.
- Maintain compliance with DOJ agreement as it relates to the MSDC facility throughout the transition.
- Provide quality assurance and follow-up services to individuals impacted by this transition.
- Assist in the design of services for persons with developmental disabilities identified as program components of the Southeast Regional Services concept.
- Work with advocates, family members, and various other stakeholders to identify community barriers and gaps in services, developing a plan to increase community options and service providers.

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Mental Illness Transition

Mission

To ensure that residents of the State Hospitals are linked to a community provider and have a recent evaluation, and have plans for community re-integration developed. To ensure that people move from the hospitals to quality services and do so in a timely manner. To work with regional planning system to identify and fill gaps in service.

Membership

Central Office, DMH; Social Services Director, MSH; SE Region Protection and Advocacy, IPA; Consumer, Key Consumer Organization; Family member, NAMI; CMHC liaison (in SE region); CMHC CSP Director (outside SE region, possibly someone involved with the closure of CSH).

Products

- Decrease the MI census at all DMH state operated facilities.
 - ◆ CMHC and SOF staff will be assessing all SOF patients between July 1 and October 1 of this year. The assessments will list the projected time the individual consumer can return to the community and what type of supports they will need when placed. This helps focus resources on those particular groups of consumers that may need a specialized service, i.e. a residential program dealing with water-intoxication.
- Decrease long-term patients at the DMH state operated facilities.
 - ◆ Continue SOF agreement types focusing on those in the SOFs two years or longer.
 - ◆ To date, 88 long-term patients have been moved into the community under these agreement types (started in SFY'00).
- Decrease admissions to all DMH state operated facilities.
 - ◆ DMH is developing Assertive Community Treatment (ACT) teams with its community providers. ACT is an intensive team approach to providing treatment services to create alternatives in the community to state hospital admission. DMH support is in three main areas: technical assistance – establishment of an ACT Technical Assistance Center; organizational - by establishing standards; and financial - by initially creating an ACT enrollment category for payment and urging OMP to include ACT as a billable service under the Medicaid Rehabilitation Option.
- Decrease the MI census at MSH to implement the Regional Services Concept.
 - ◆ Redirect admissions from MSH to the four other DMH SOFs. Insure CMHCs normally admitting to MSH have the same access to these SOFs as the other providers in the state.
 - ◆ Look at transferring a limited number of long term patients to a SOF closer to their families and gatekeeper. A mass transfer of patients from MSH is not desirable.
- Ensure quality services.
 - ◆ Evaluate SOF agreement type proposals for quality of community placement.
 - ◆ Work with QA and Research subcommittee.

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Worker Support Group

Mission

To ensure that employees of both facilities are provided maximum communication, support, and assistance in securing employment, benefits, and training opportunities throughout the transitional process.

Membership

- Neutral Chair
- State Personnel Representative
- Family & Social Services Human Resource Representative
- AFSCME Representative
- Unity Representative
- Madison & MSDC Management Representatives including Superintendents and HR Directors
- Madison & MSDC Employee Representatives
- Department of Workforce Development Representatives
- Peer Support Counselor Representatives
- AFL-CIO Representatives

Goals/Objectives

- Employment opportunities.
- Making maximum use of Dislocated Worker's Program opportunities.
- Educate staff on available services.
- Develop trust and provide support.
- Get people involved.
- Provide training opportunities.
- Provide information on:
 - PERF
 - Other state jobs
 - Benefits
 - Health Insurance/COBRA
- Make workers aware of community services that are available:
 - Family counseling
 - Financial counseling
 - Stress
 - Drug and alcohol abuse counseling
 - Food stamps and other assistance

Major Functions Of Worker Support Committee

- Communication
 - A newsletter
 - A phone hotline
 - MSDC newsletter
 - Make sure the state's Job Bank is available
 - Hospital forums
 - Publicized State Personnel on-site visits

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- The DWD System
- Support, guidance, and counseling – offer services based on the unique needs of the employees through:
 - Internal EAP Programs
 - The “EASY Program”
 - Peer Counseling Programs
 - Individual Job Counseling Through Peer Support
 - Knowledge of Community Services Available
 - Work Support Center
- Education and training – offer a variety of educational and training opportunities to meet the different needs, educational levels, and learning styles of the employees of both hospitals through:
 - DWD Training Opportunities
 - Independent Learning Opportunities
 - Group Discussions
 - Handouts, Pamphlets, and Written Materials
 - Computer Assisted Learning Audio Tapes and VCR Video Tapes

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Community Regional Planning

Mission

To identify the capacity needs of each county in the region and provide written findings to the State (Office of the Secretary).

- Each Step Ahead Council in the southeast region will create a local sub-committee and/or taskforce consisting of local providers, consumers, family members, advocates, local special education directors, etc. to assess the needs for MI and DD clients in their local communities.
- After the local assessment is completed, each Step Ahead coordinator or designee will meet to mobilize key stakeholders for the Southeast Regional Council.

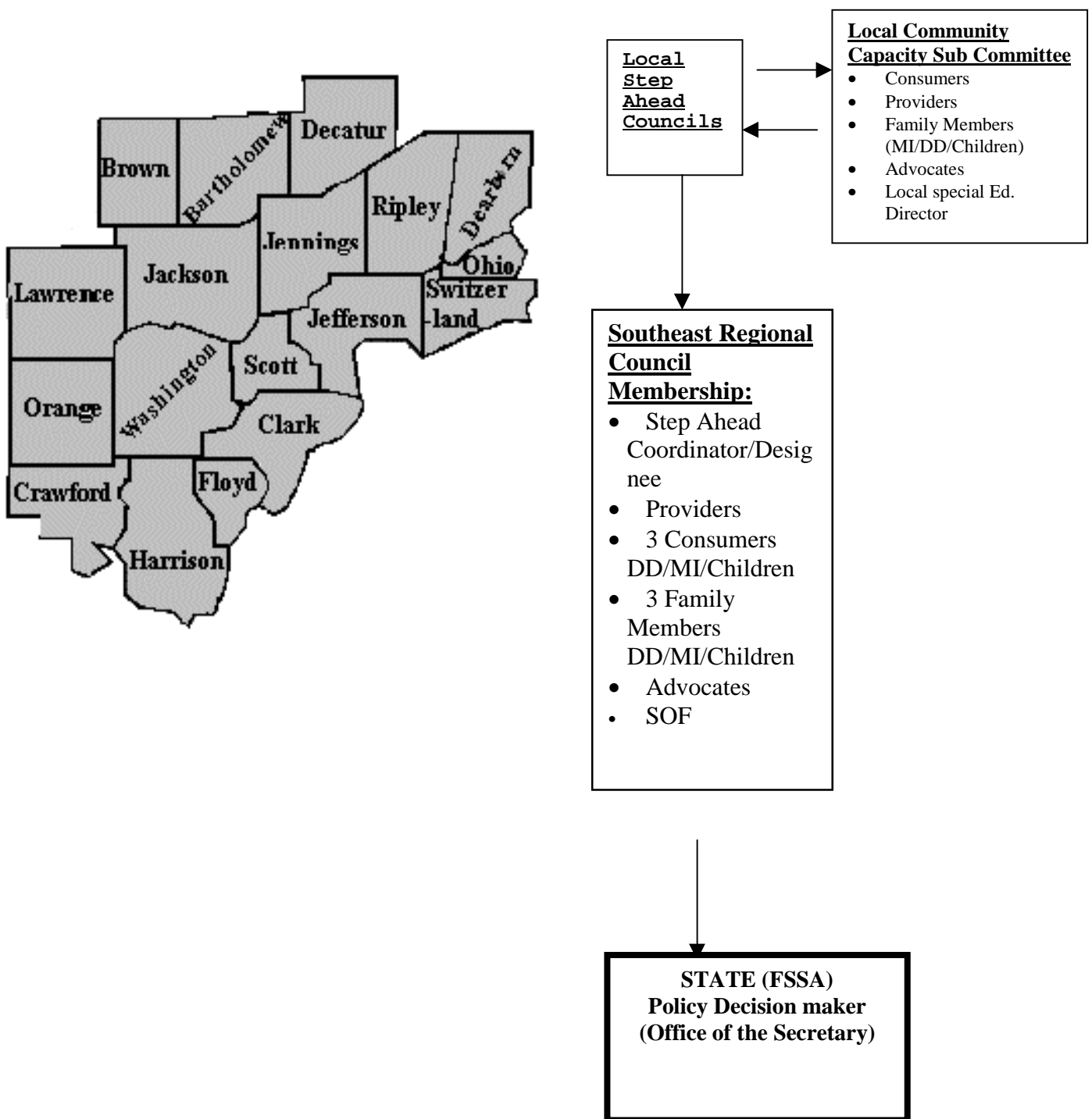
Membership

- The Southeast Regional Council will consist of (at a minimum):
 - ⇒ The Step Ahead Coordinator or designee (one per county)
 - ⇒ Providers (no more than 1/3 of the total membership)
 - ⇒ One consumer from each of the following communities - MI, DD and Children with Disabilities (three (3) total)
 - ⇒ One family member from each of the following communities – MI, DD and Children with Disabilities (three (3) total)
 - ⇒ SOF representative
 - ⇒ Advocates
- A facilitator/convener will conduct the meetings, compile all information and compose recommendations based on the capacity needs of each county in the region. The Division of Policy and Planning will provide training and technical assistance throughout the process.

The Step Ahead Process:

- *Step Ahead* is a local planning process in all 92 counties that allows community members of diverse backgrounds to come together to develop and/or enhance a county's service delivery system for children and families. The council's are comprised of volunteers who focus on the critical services needed in their county (e.g. Educare, Basic Health Needs, Family Support, Community Mobilization, Council Development and Economic Opportunities & Educational Needs).
- Each Step Ahead council has a coordinator who facilitates the planning, development, implementation, design, and evaluation of the Step Ahead process. A majority of the coordinators are part-time contractors. The Division of Policy and Planning (formerly known as the Office of Community Planning) provides planning dollars to each council to develop local action plans.

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Muscatatuck Property

Mission

To work with facility staff, local governmental officials, community residents, IDOA, DNR and other interested parties to insure the safety of the residents during the remainder of their stay at MSDC. To coordinate the orderly and legal disposition of the physical plant, public works plants, equipment, furnishings, vehicles, medical records and all other facility documents and property, with the transition of residents and employees.

Membership

MSDC physical plant director, representatives from Department of Commerce, North Vernon economic development officials, Department of Workforce Development and Department of Administration.

Products/Expectations

- assess need for any repairs or improvements to property and determine which should and shouldn't be undertaken during transition
- determine need to demolish any property and when demolition should occur
- coordinate with work group planning resident moves to determine specific timetable for closure of buildings
- work with the Indiana Commission on Public Records to insure the orderly transfer of facility operational and historical records to the State Archives and the transfer of resident medical records (with the resident if going to another state facility) for microfilming or to State Archives
- arrange for an inventory of all equipment, vehicles and furnishings, including an assessment of condition of all items, if one is not already available
- coordinate with DOA to identify property that can be transferred to other state entities, property that can be auctioned and property to go to surplus or other disposition.
- identify and arrange for transfer of property going to other FSSA offices or facilities

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QA and Research

Mission

To assure that quality assurance mechanisms are in place in the facilities and in community based settings to ensure on-going, continual improvement. Ensure that all individuals currently in either MSH or MSDC are tracked to ensure the highest quality care and services are being provided. Ensure that the process of developing the Southeast Regional Service Center includes the inclusion of and examination by the academic research community. Monitor the process of developing a regional service center, developing reports and information on the overall progress.

Membership

- Staff from DMH and DDARS
- Representatives from MSDC and MSH human rights and quality assurance work groups,
- Indiana University - Consortium on Mental Health Services Research
- Indiana University - Indiana Institute on Disability and Community
- Indiana Council of Community Mental Health Centers
- Indiana Association of Rehabilitation Facilities.
- Indiana Protection and Advocacy
- Governor's Planning Council for People with Disabilities
- Families of residents in MSH and MSDC
- Consumer representatives from MSH and MSDC
- Adult Protective Services
- Ombudsmen

Products

- Monthly tracking report on all individuals currently in MSDC or MSH
- Weekly reports on census / resident movement
- Periodic reports on staffing / HR Activities
- Review of incident reports and investigations
- Periodic QOL comparisons
- Periodic customer satisfaction analysis

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Communications

Mission

To ensure the free flow of information from the work groups and the state agency to a variety of audiences and stakeholders involved.

Membership

Staff from FSSA Office of Communications, Graphic specialist, legislative liaison, and representatives from IN-ARF, Arc of Indiana, ICCMHC, MHA Indiana, MSDC, MSH, DDARS, and DMH.

Products or expectations

- Publicize all events.
- Develop a periodic newsletter for families
- Enhance or build upon the existing "Muscatatalk" newsletter and its companion piece at MSH to provide Updates of progress
- Develop news releases as needed
- Convene town hall or discussion sessions as we progress
- Give special attention to advocacy and legislative communications.
- Assure
 - Communications within the project team
 - Communications to the stakeholder communities
 - Communications to public at large

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Finance

Mission

To ensure the availability of flexible funds that follow individuals from institutional to community care and services and from institutions to regional centers, as necessary.

Membership

Director of Fiscal Services - DDARS; Representative from the State Budget Agency; Representative from Medicaid; Representative from DMH Program; Representative from Finance; Representatives from DDARS and DMH Budget; Representative from DMH and DDARS Client Transitions; Representative from Community Capacity; Representative from Economic Development; and representative from the provider community.

Products / Expectations

In order to successfully transition individuals to the most appropriate living situation, flexible funding strategies must be employed. As consumers move to the community and to the regional service center, funding from MSDC's budget must be available to support individuals in the community and the transition of resources needed to follow individuals moving to the regional service center.

A flexible fund should be established. This fund should operate with the overall goal of providing and assuring safe and quality care for individuals. Given the broad mandate, such a fund should be able to:

- Purchase community services.

- Purchase community services under new contract models developed during the process

- Augment hospital budgets and services during downsizing.

- Purchase research, evaluation, and monitoring services to ensure the quality of care.

- Provide match for federal funds to support community services.

The flexibility should be based on the expectation that savings late in the year can support expenditures in the beginning. The first months might well include spending at a rate that would imply a serious budget overrun, but this rate of spending will be offset by the savings which will accrue in the latter months.

The flexibility should include the ability to move funding from FY03 to FY02 to support what will likely be higher operating costs in FY02. Operating costs should stabilize in FY03 so that the overall costs can be maintained within the combined budget resources. There needs to be the ability to move resources not only between MSH and MSDC but also between the MSH/MSDC budget and the community transition accounts of DDARS and DMH.